

REVISION APPLICATION CITY OF ALEXANDRIA, VIRGINIA DEPARTMENT OF CODE ADMINISTRATION

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PLEASE VISIT OUR ONLINE PERMIT C	ENTER: https://permits.alexandriava.gov	

STAFF USE ONLY

Permit Number_

GENERAL INFORMATION		NFORMATION	COST	
DATE APPLIED PROJECT NAME PROJECT ADDRESS	TYPE OF WORK: COMMERCIAL (VCC) ELECTRICAL MECHAN FUEL GAS INTERIC NEW ALTERA	NICAL □ PLUMBING OR □ EXTERIOR	\$\$	(including overhead & profit) Electrical Work Mechanical Work
FLOOR / SUITE	CONSTRUCTION CODE(S) / YE		\$ \$	Plumbing Work Structural Work
NAMEADDRESS	CONSTRUCTION TYPE(S): IV V		REVISION DESCRIPTION:	
PHONE FAX E-MAIL	OCCUPANCY(S): □ A □ B	OE OF_ OH_ O _		
APPLICANT / CONTRACTOR Work will be done by: OWNER CONTRACTOR NAME ADDRESS	No. Residential Units: Existing:_ Proposed:			
PHONEFAX	Number of Building Stories:	_ Building Height:		
VA LICENSE #	Building Area: Grossft² Altered	ft² Newft²		
CLASS 🗆 A 🗆 B 🗆 C RECIPROCITY? 🗆 YES 🗆 NO MECHANIC'S LIEN AGENT? 🗆 Non Designated 🗆 Yes, specify Agent:				
STAFF USE ONLY	PERMIT FEE: \$	DEPOSIT: \$	ISSUE DATE: By	<i>r</i> :